

## MIAMI-DADE PARKS 2006 RIBFEST

## **VENDOR APPLICATION FORM**

Special requests should be Entry Levels:	directed to the Region 5 office:	305 233-3150 Fax: 305 235-8667
·	\$500-\$1500	
[ ] Single Item Food Vendor:	\$350.00 (10x10 space only	7)
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	BUSINESS PHONE:	
E-MAIL ADDRESS:		
·		arate sheet if additional space needed).
Exhibit Description: (please	list any special needs)	
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	Mail Completed Entry Form Larry and Penny Thompson I tention: Alan Weitzel, Region 5 Region 5 Office 12451 S.W. 184 Street Miami, Florida 33177 ck payable to: Miami Dade Par	Park Manager
For office use only:		
Date Received: Payment Amount:	Date Approved: Check #:	_